

## **CLAIMS ONLY**

Application Number	Filing Date
--------------------	-------------

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9		/					59			
10		/					60			
11		/					61			
12	/						62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17	/						67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32	/						82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			